

**ABUSE & NEGLECT (CHILD)
STATEWIDE BLS PROTOCOL****Criteria:**

- A.** Any victim of suspected child abuse: ¹
1. The following situations may be associated with child abuse:
 - a. Poor nutrition and/or care including unsanitary or dangerous environment
 - b. Delay in seeking treatment for obviously significant medical problem
 - c. Patient, parent, or caregiver give significantly differing histories of injury or illness
 - d. History of minor trauma in a child with extensive physical injuries
 - e. Caregiver ascribes blame for serious injuries to a younger sibling or playmate
 2. Possible physical exam findings associated with such abuse or neglect may include:
 - a. Injured child less than two years old, especially hot water burns and fractures
 - b. Facial, mouth or genital injuries
 - c. Multiplanar injuries (front and back, right and left)
 - d. Injuries of different ages (old and new)
 - e. Comatose child with no clear cause
 - f. Critically ill or injured child with no clear cause
 - g. Child in cardiac or respiratory arrest with no clear cause
- B.** Any victim of suspected elder abuse:
1. The following situations may be associated with elder abuse:
 - a. Implausible explanation of physical findings
 - b. Delay in seeking care for illness or injury
 - c. "Doctor shopping," frequent emergency department visits or frequent use of EMS (NOTE: This statement must not be mistaken for those persons who have serious illness and legitimate reasons for utilization of acute care medical services)
 - d. Fear or distancing self from caregiver
 - e. Caregiver's refusal to leave elder alone
 2. Possible physical exam findings associated with such abuse or neglect may include:
 - a. Bruises in unusual areas (inner arm, torso, buttocks, scalp)
 - b. Patterned or multicolored bruises of different ages, abrasions or burns
 - c. Clothing soiled or inappropriate for season
 - d. Inadequate care of nails, teeth or skin
 - e. Pressure sores (decubitus ulcers)
 - f. Bruised and/or bleeding genitalia, perineum or anal area
 - g. Dehydration, malnutrition or unexpected weight loss
 - h. Unsafe or unhygienic living environment

Exclusion Criteria:

- A.** None

Procedure:

- A. All patients:**
1. Treat any injuries/illness according to standard protocol.
 2. When time permits, perform a visual inspection of the patient's surroundings looking for injury or abuse risk factors that may be associated with the patient's complaints.
 3. EMS Practitioner – patient/family interaction:
 - a. **DO NOT** question or accuse the caretaker in cases of possible abuse or neglect.
 - b. **DO NOT** discuss possible abuse or neglect issues with the patient in the presence of the abuser or other family members.
 4. Transport, if possible. Protect the individual from additional harm by encouraging transport to receiving facility, even if injuries appear to be minor.
 - a. If transported to receiving facility, report concerns to staff at receiving facility **and** to appropriate agencies as required. (See section A.5.)

- b. If patient, parent or guardian refuses transport, see Refusal of Treatment/Transport protocol #111.
 - 1) Contact medical command.
 - 2) If the medical command physician agrees, contact the law enforcement authority having jurisdiction or the appropriate county protective services agency.
 - 3) **DO NOT** endanger yourself or the EMS crew by inciting a confrontation with family members, relatives or caregivers. If you feel threatened, leave the scene for a safe refuge and immediately contact law enforcement agency having jurisdiction.
5. Report suspicion of abuse or neglect to appropriate authorities as required whether or not the patient was transported.
 - a. **Suspected Child Abuse (minors under 18 years of age):** ^{1,2}
 - 1) If an EMS practitioner has reasonable cause to suspect that a child (minor) has been abused or neglected, the practitioner must report the suspected abuse in one of the two following ways:
 - a) Verbally by immediately calling the PA ChildLine at 800-932-0313, **AND** by completing a CY-47 form, which must be submitted to the appropriate county Children and Youth agency within 48 hours.
 - b) Electronically, by making a report online at <https://www.compass.state.pa.us/CWIS>
 - b. **Suspected Elder Abuse (individuals 60 years of age or older):** ²
 - 1) If an EMS practitioner has reasonable cause to suspect that an individual 60 years of age or older needs protective services, the practitioner may report that information. [“Protective services” are activities, resources and supports to detect, prevent or eliminate abuse, neglect, exploitation, and abandonment.]
 - a) The suspected abuse, neglect or needs **may be reported immediately** in verbal form to the PA Elder Abuse Hotline at 800-490-8505.
 - b) The suspected abuse or concerns may be reported to the local provider of protective services.
6. Document ³

Notes:

1. Pennsylvania law requires mandatory reporting by health care practitioners, including EMS practitioners, of any child in whom there is reasonable cause to suspect abuse.
2. **Reporting mechanisms:**
 - a. In addition to the required reporting to the abuse hotline or protective service agency, always report suspicion of child or elder abuse or neglected to the receiving physician.
 - b. Some hospital social service departments may assist EMS practitioners in making the required contacts and reports, but in cases where reporting of suspected abuse is required, it remains the EMS practitioner’s responsibility to assure that these reports have been made.
 - c. The local law enforcement agency must be contacted if the EMS provider believes that the patient is in imminent danger of death or serious injury. They should also be contacted when there is evidence of physical or sexual abuse, since these two forms of abuse constitute assault.
 - d. Knowing whether or not abuse has occurred is sometimes difficult. The DPW hotline call-takers will provide assistance.
3. **Documentation considerations:**
 - a. The documentation for an EMS contact with a potential victim of abuse or neglect must be comprehensive and objective in nature.
 - b. Document history of present illness/injury in detail, but avoid taking the patient’s complaints out of context. Note pertinent positives and negatives only as the patient or caregiver answered them, not as the EMS practitioner believes they may exist.
 - c. Document physical findings exactly as they appear, but avoid making statements that cannot be attested to in a court of law (exact age of contusions, exact cause of injury, etc.)
 - d. Document environmental and household findings exactly as they appear, but avoid making generalizations and editorial comments (i.e. “numerous overfilled trash cans,” rather than “the house was a mess”).
 - e. Document which authorities were contacted and when